

Just Allocation of Scarce Medical Resources

Cohen, Benjamin, et al.
"Alcoholics and Liver
Transplantation"

Prelim

Cohen and Benjamin hold that alcoholics shouldn't be *excluded* from transplants.

We can infer that they are for a first-come first-served approach.

The Argument

Assume alcoholics are at fault for their failed liver, it doesn't follow that they should be discriminated against when it comes to liver transplants.

Why?

- 1) If we should discriminate against alcoholics for liver transplants, then it's only fair that all others who are *also at fault* for their own medical condition should be similarly discriminated against when it comes to getting life saving treatments.

The Argument

- 2) But determining who is and who is not responsible for their condition is a very intrusive and repugnant task. It would require "vigorous" and "sustained" efforts to find out who was morally weak so as to cause their own condition.

So, we shouldn't seek to discriminate against other patients, given the intrusive process of finding out who's responsible for their condition.

So we should not discriminate against alcoholics either.

Possible Replies

1. Why think that “vigorous” and “sustained” inquiries into people’s lives is bad given what’s at stake?
2. Why think such inquiries would be “vigorous” and “sustained”?
3. What else is an extremely scarce medical resource besides livers and hearts?

Another consideration by C & B

There are people (e.g. many women) who drink moderately, even very little but get ARESLD because they are naturally more *susceptible* to liver cirrhosis.

Seems unfair to discriminate against them. Should they have little to no chance at life because they drank moderately? Moss and Siegler would seemingly say yes.

Is it unreasonable to say that naturally susceptible people should abstain from even moderate alcohol consumption? Should we make an exception for these people?

Perhaps one could say: women are an exception given what nature has determined for them. Or say they should be in the middle of the list. But is this fair to men who drink moderate amounts?

Or a man could say, “wait you allowed women to have higher priority than us on the list; now I am being discriminated against for something I can’t help, namely a liver not prone to cirrhosis.”

Yeah but you drank too much (heavily).

Note: Amongst those who drink heavily and for a long amount of time, seems right to say that they are still at fault even if the others got lucky.

The medical argument

Cohen and Benjamin give a medical argument for why alcoholics should not be excluded from transplant lists.

There’s no evidence to suggest that alcoholics with newly transplanted livers have a lower survival rate than non-alcoholics with a newly transplanted livers.

If so, they shouldn’t be excluded on the grounds that their liver could have been put to better use.

So, a case by case approach (whether one is an alcoholic or not) is needed to determine one’s prospects for survival.

Response of Moss and Siegler

How would Moss and Siegler likely respond to the medical argument?

We agree that the evidence doesn't show that survival rates for alcoholics are lower than for non-alcoholics (see the beginning of their article).

And whether you're an alcoholic or not, prospects for survival is a good discriminating tool.

However, if the medical argument is meant to show that the only discriminating criterion that should be used is prospects for survival, then it clearly fails. For granting the medical argument does nothing to impugn our own moral argument.

Response of Moss and Siegler

We should have that as a discriminatory criterion. But let's say that that's all we use (or, at least, let's say we don't use our criterion) we will have a significant number of people who get donor livers who are at fault for their failed liver.

Now think of those who could have lived instead of those (who have similarly favorable survival rates) who did nothing to cause their condition

- isn't it unjust that they missed out on life while others whose fault it is that their liver is shot have a second chance?
- Given the data that suggests that, generally speaking, survival rates are about the same between alcoholics and non-alcoholics, there's no reason to deny that over half of the available donor livers will go alcoholics on a system that discriminates only survivability rates.